

PART B - FEE(S) TRANSMITTAL

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40987 7590 06/17/2008

AKERMAN SENTERFITT
P. O. BOX 3188
WEST PALM BEACH, FL 33402-3188



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/803,256	03/09/2001	Victor S. Moore	6169-181	7052

TITLE OF INVENTION: PROVIDING KIOSK SERVICE OFFERINGS IN A PERSONAL AREA NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/17/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	01 FC:1501	1440.00 DA	
CHANKONG, DOHM		2152	709-219000	02 FC:1504	300.00 DA	

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Akerman Senterfitt

- 2 _____
3 _____

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

International Business
Machines Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Armonk, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

a. The following fee(s) are submitted:

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☐ Advance Order - # of Copies _____

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☒ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0951 (enclose an extra copy of this form).

c. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Richard A. Hinson

Date August 28, 2008

Typed or printed name

Richard A. Hinson

Registration No. 47,652

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CHANKONG, DOHM		2152	709-219000			

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Authorized Signature Richard A. Hinson
 Typed or printed name **Richard A. Hinson**

Date **August 28, 2008**
 Registration No. **47,652**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/803,256	
	Filing Date	March 9, 2001	
	First Named Inventor	Victor S. Moore	
	Art Unit	2152	
	Examiner Name	Chankong, Dohm	
Total Number of Pages in This Submission	3	Attorney Docket Number	6169-181 (BOC9-2000-0040)

ENCLOSURES (Check all that apply)		
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<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	RICHARD A. HINSON		
Date	August 28, 2008	Reg. No.	47,652

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name		Date	

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